

To:

School-Based
Services
Providers

HMOs and Other
Managed Care
Programs

Changes in Reimbursement for School-Based Testing and Assessments and Individualized Education Program Meetings

Effective for dates of service on and after August 1, 2006, Wisconsin Medicaid is changing its reimbursement policy for testing and assessment procedures and Individualized Education Program meetings under the school-based services benefit. Wisconsin Medicaid is also enddating Healthcare Common Procedure Coding System procedure code T1024 with modifier "UA."

Testing and Assessment Procedures

Effective for dates of service (DOS) on and after August 1, 2006, Wisconsin Medicaid will reimburse providers *only* for testing, assessment, or other procedures (referred to in this *Wisconsin Medicaid and BadgerCare Update* as "procedures") that are conducted for the purpose of determining a child's need for Medicaid-covered Individualized Education Program (IEP) services. To receive reimbursement, these procedures must be conducted by any of the following health or pupil services practitioners who meet the credential and licensing standards outlined in Wisconsin Medicaid school-based services (SBS) publications:

- Speech-language pathologist, occupational therapist, or physical therapist.

- Assistant working under the direction of a qualified speech-language pathologist, occupational therapist, or physical therapist.
- Nurse.
- Social worker.
- Counselor.
- Psychologist.

Wisconsin Medicaid will *not* reimburse providers for the following:

- Any component of any procedure that does not result in the provision of Medicaid-covered IEP services, regardless of the provider type.
- Procedures conducted by special education teachers, diagnostic teachers, directors of special education, or other school staff, *unless* such staff qualifies as one of the health or pupil services practitioners listed in this *Update*.

Individualized Education Program Meetings

Effective for DOS on and after August 1, 2006, Wisconsin Medicaid will reimburse providers for an IEP meeting as a direct medical service only when all of the following conditions are met:

- The meeting is attended by one of the health or pupil services practitioners previously listed in this *Update*.
- The child is present at the meeting.
- The resulting IEP includes services that are Medicaid-covered.
- The parts of the meeting for which reimbursement is claimed are limited to time periods during which provision of Medicaid-covered IEP services is discussed.
- Reimbursement claims are limited to the amount of time spent by health or pupil services practitioners.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

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Wisconsin Medicaid will not reimburse for teacher or staff attendance at IEP meetings, unless they are health or pupil services practitioners.

Enddated Procedure Code

Effective for DOS on and after August 1, 2006, Wisconsin Medicaid is enddating the use of modifier “UA” with Health Care Procedure Coding System procedure code T1024. To receive reimbursement for any procedure or IEP meeting, providers are required to submit claims under the medical services type of the activity (e.g., physical therapy, occupational therapy, speech-language, or social work services). Wisconsin Medicaid will reimburse providers for SBS *only if* the claim is submitted to Wisconsin Medicaid within 365 days from the DOS.